

Debtor 1	ROBINANNE	A	ALTIERI
	First Name	Middle Name	Last Name

Debtor 2 (Spouse, if filing)			
First Name	Middle Name	Last Name	

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 18-13128-MDC
(If known)

Check if this is:

- ☐ An amended filing
- ☒ A supplement showing postpetition chapter 13 income as of the following date:

income as of the following date:
05/08/2018 5/8/2018
 MM / DD / YYYY

Official Form 1061

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
☐ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Occupation

CNA, (ANTIQUES Dealer)

Employer's name

Self Employed. (from home)

Employer's address

12 Holbrook Rd
Number Street
Havertown PA
19083

City	State	ZIP Code
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How long employed there?

(6 yrs. From -
home Addresses)
diff

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

**For Debtor 2 or
non-filing spouse**

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$1400.00 \$

- 3. Estimate and list monthly overtime pay.**

3. +\$ 0 + \$

- 4. Calculate gross income.** Add line 2 + line 3.

4.	\$ 1700.00	\$
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Debtor 1

ROBINANNE A ALTIERI
First Name Middle Name Last Name

Case number (if known) 18-13128-MDC

For Debtor 1

For Debtor 2 or
non-filing spouse

Copy line 4 here → 4.

\$ 1400.00

\$

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$ 200.00

\$

5b. Mandatory contributions for retirement plans

5b. \$ 0

\$

5c. Voluntary contributions for retirement plans

5c. \$ 0

\$

5d. Required repayments of retirement fund loans

5d. \$ 0

\$

5e. Insurance

5e. \$ 64.00

\$

5f. Domestic support obligations

5f. \$ 0

\$

5g. Union dues

5g. \$ 0

\$

5h. Other deductions. Specify: _____

5h. + \$ 0

+ \$

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$ 264.00

\$

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 1136.00

\$

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0

\$

8b. Interest and dividends

8b. \$ 0

\$

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0

\$

8d. Unemployment compensation

8d. \$ 0

\$

8e. Social Security

8e. \$ 0

\$

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$ 0

\$

8g. Pension or retirement income

8g. \$ 0

\$

8h. Other monthly income. Specify: _____

8h. + \$ 0

+ \$

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 0

\$

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 1136.00

\$

\$

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: BROTHER 770.00 Social Security Monthly

11. + \$ 770.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$ 2006.00

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.☒ Yes. Explain:

FULL TIME HOSPITAL EMPLOYMENT - (NOT ONLY SELF EMPLOYMENT)